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Follow-up actions to the recommendations of the International Conference on Population and Development

Statement submitted by IPAS, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Statement*

Advancing women's access to safe abortion: Fulfilling comments under the ICPD Programme of Action and the Millennium Development Goals

The ICPD Programme of Action called attention to the health consequences for women of unsafe abortion and called for actions to address this critical public health issue.

- Paragraph 7.6 states that abortion care should be an integral part of primary health care.
- Paragraph 8.25 declares that "In circumstances where abortion is not against the law, such abortion should be safe."
- In 1999, the United Nation's five-year review of POA implementation strengthened this call to action: "in circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible."

Millennium Development Goal (MDG) 5, "Improve maternal health," seeks a 75% reduction of maternal mortality between 1990 and 2015 and includes a target of achieving universal access to reproductive health care. MDG 5 can be met only if unsafe abortion is effectively addressed.

The enormous disparity in maternal mortality and morbidity from unsafe abortion between rich and poor countries underscores that access to safe, comprehensive reproductive health services including abortion-related care is a development issue. Unsafe abortion constitutes a public-health crisis, a social injustice and a violation of women's human rights and dignity. Governments worldwide urgently need to adopt policies and interventions to eliminate unsafe abortion as an essential step toward meeting their obligations under the ICPD Programme of Action and achieving MDG 5.

A major, preventable cause of maternal deaths and injuries

Unsafe abortion accounts for approximately 13% of global deaths from complications of pregnancy and childbirth, and a much higher proportion in many developing countries. It is one of the easiest causes of maternal mortality to address, through improved access to family planning information and services, high-quality post-abortion care, and safe, legal abortion. Yet, unsafe abortion and its root causes remain largely neglected.

Research shows that women have abortions just as frequently where abortion is legally restricted as where it is broadly permitted by law, but deaths and injuries from unsafe abortion occur at much higher rates in restrictive settings. Globally, at least 66,500 women die each year from unsafe abortion. In just the past decade, well over half a million women have lost their lives because they lacked access to safe abortion services – women in the prime of life and who most often had children and families to care for. The toll of unsafe abortion is especially high in sub-Saharan Africa, where abortion laws generally are very restrictive. Adolescents and women younger than 24 years account for almost 46% of deaths related to unsafe abortion.

* Issued without formal editing.

Unsafe abortion also commonly results in long-term and chronic health problems, including reproductive tract infections and infertility. As with deaths related to unsafe abortion, the women most at risk of suffering serious complications are young, poor, and reside in rural areas of countries with restrictive abortion laws.

Progress addressing unsafe abortion since ICPD

Progress in addressing issues underlying abortion-related morbidity and mortality in the last several decades includes a dramatic overall increase in use of modern family planning methods. Between 1960 and 2000, the proportion of married women in developing countries using contraception to prevent unintended pregnancy rose from less than 10% to 60%. Such improvements have been uneven, however, with many poor countries still reporting very low contraceptive prevalence rates.

With support from a range of donors and strong government commitments in many countries, one important achievement since the ICPD has been expanding women's access to high-quality post-abortion care--treatment of abortion complications linked to post-abortion family planning to prevent repeat abortions and other critical reproductive health services. Improving the availability and quality of post-abortion care has saved women's lives, improved their health and benefitted health systems by reducing costs and freeing up resources for other needs.

The 15 years since the ICPD have also brought some improvements in access to safe abortion to the extent allowed by law. In 2003, the World Health Organization (WHO) issued *Safe Abortion: Technical and Policy Guidance for Health Systems*, a groundbreaking resource that paved the way for a number of countries to develop and disseminate national standards and guidelines on the scope and quality of abortion care. There has also been notable, though still insufficient, progress in training physicians, midwives, and other health providers, and in making technologies for safe abortion available and affordable, including vacuum aspiration instruments and pharmacological agents as recommended by WHO.

Other organizations and medical groups have issued clinical and ethical guidance on abortion. including the International Planned Parenthood Federation and the International Federation of Gynecology and Obstetrics (FIGO). FIGO's guidelines state that women have the right to access legal, safe, effective, acceptable and affordable methods of contraception and safe abortion services.

Among the most important actions to reduce deaths and injuries from unsafe abortion is liberalizing abortion laws, which 36 countries did between 1995 and 2008. A number of national, state and provincial governments are now considering amending their laws to increase women's access to legal termination of pregnancy. Progress has also been made applying the provisions of international human rights treaties to ensure that women are able to exercise their right to terminate a pregnancy safely, based among others on their rights to health care, privacy and confidentiality, the benefits of scientific progress, and freedom from discrimination.

Actions required

Despite these improvements, much remains to be done if we are to stop women and girls from dying from unsafe abortions. Urgent needs include:

- ensuring that women, especially those who are most vulnerable, have access in their communities to the full range of reproductive health care in accordance with their human rights, including effective and affordable methods of contraception, post-abortion care, and safe abortion.
- efforts through community-based approaches and the media to help women understand how to prevent unintended pregnancy, their legal rights to safe abortion, the dangers of unsafe abortion, and where to obtain safe abortion care.
- training more health-care providers, and especially midlevel health professionals such as nurses and midwives, in clinical procedures and counseling for abortion care.
- eliminating violence against women and ensuring that women who are survivors of sexual violence have immediate access to psychological support, treatment of their injuries, emergency contraception, postexposure prophylaxis of HIV, treatment of sexually transmitted infections and safe legal abortion.
- promoting constructive dialogues at the national and local levels about unwanted pregnancy and unsafe abortion, and
- reforming policies and laws to increase access to safe abortion in accordance with human rights principles.

Effectively addressing unsafe abortion as a critical public health issue is crucial for achieving global commitments expressed in both the ICPD Programme of Action and the Millennium Development Goals. Governments and policymakers must hold themselves accountable to following through on those commitments.